

**STATE OF WASHINGTON  
DEPARTMENT OF FISH AND WILDLIFE  
ENFORCEMENT PROGRAM**

**TO:** Fish and Wildlife Officer Applicants

**FROM:** Steve Crown, Lieutenant

**SUBJECT:** **FISH AND WILDLIFE OFFICER APPLICATION AND  
STUDY MATERIALS**

Enclosed are the Personal History and Background Questionnaire, a Washington State job application, and an informational flyer explaining the hiring process. The application and questionnaire along with required documents must be completed and returned by 5:00 pm on the date specified in the Position Announcement.

Materials are available on line to help you prepare for the written examination and the Physical Ability Test for the Fish and Wildlife Officer position. Full copies of the Washington Big Game, Small Game and Waterfowl, Turkey, Trapping, and Fishing regulations are available online at [www.wa.gov/wdfw/](http://www.wa.gov/wdfw/). You may also obtain a current copy at any license dealer, regional office or request copies be mailed to you. Basic boating information is available through Washington State Parks at [www.boat-ed.com/wa/handbook/](http://www.boat-ed.com/wa/handbook/). A basic understanding of Washington's wildlife, township, range and section mapping, legal terminology, types of arrests, evidence handling, and the Federal Boldt and Rafeedie court decisions will also be helpful.

Physical ability testing information is available through the Criminal Justice Training Commission website at [www.cjtc.state.wa.us/blea/pat2003.pdf](http://www.cjtc.state.wa.us/blea/pat2003.pdf)

If you have any questions you can contact me at 360-902-2923. Good Luck!

# Careers in Fish and Wildlife Law Enforcement

**Washington Department of  
Fish and Wildlife  
Enforcement Program**  
600 Capitol Way North  
Olympia, WA 98501-1091  
(360) 902-2923  
E-mail: [enforcement-web@dfw.wa.gov](mailto:enforcement-web@dfw.wa.gov)

## **DUTIES AND RESPONSIBILITIES**

Fish and Wildlife Officers are commissioned Peace Officers certified by the Washington State Criminal Justice Training Commission. While their primary duty is to enforce the Fish and Wildlife Code and associated WDFW regulations, officers also enforce forest products, boating laws and all other laws of the State. Officers execute and serve all criminal processes related to enforcement activities, safeguard department lands and equipment, present programs to the public, and provide assistance to other law enforcement agencies within their assigned areas. They also maintain contact with landowners, resource users, and the general public.

Fish and Wildlife Officers are called upon to respond to public safety concerns related to bear, cougar and other wild animals as human populations continue to encroach on shrinking wildlife habitat. Nuisance wildlife complaints and complaints of commercial crop damage associated with deer and elk are also handled by Fish and Wildlife Officers.

## **MINIMUM QUALIFICATIONS**

- ❖ **AGE:** Applicant must be 21 years old prior to being employed
- ❖ **HEALTH:** Applicant must be able to physically perform the duties of a Fish and Wildlife Officer, including passing the Physical Ability Test required for entry into the Academy. A successful applicant must also pass a medical examination and a psychological assessment.
- ❖ **EDUCATION / EXPERIENCE:** A Bachelor's degree (natural resource science or criminal justice preferred);

**- OR -**

A two-year college degree, **and** either two years of paid, full-time fish or wildlife experience, **or** two years of paid, full-time fully commissioned law enforcement experience that includes successful completion of the Criminal Justice Training Commission Basic Law Enforcement Academy or its equivalent.

- ❖ **CHARACTER:** Fish and Wildlife Officer applicants must be trustworthy, of high moral character and possess a background free of unfavorable incidents. Applicants must submit a completed “WDFW Personal History and Background Questionnaire” along with a “Waiver and Authority for Release of Information” with their application. Failure to successfully complete any of the testing process, felony convictions, illegal drug usage in the past 3 years, and excessive drug usage in the past 10 years, dishonesty or failure to disclose during the process may disqualify a candidate. Applicants are required to submit to and pass a polygraph examination.
- ❖ **STATION ASSIGNMENT:** Applicants must be willing to accept station assignments anywhere in the state of Washington. While applicant desires are considered, assignments will be made in the best interest of the Department.
- ❖ **WORK SCHEDULE:** Officers put in 171 hours each 28 - day work period, much of it self scheduled, and may be expected to work holidays. Detachments coordinate work schedules to address upcoming seasons and enforcement issues. Night and weekend work is not uncommon, especially during peak activity periods.
- ❖ **DRESS CODE:** Fish and Wildlife Officers are required to wear a prescribed uniform and adhere to established dress and grooming standards.
- ❖ **RESIDENCE:** Officers are required to live within a prescribed area, usually within 10 -15 miles of their assigned duty station.

## **TESTING PROCESS**

The FWO register currently opens near the beginning of March and September for a 6-week period. Applications are accepted on a statewide basis during this time to maintain a register of qualified candidates to fill vacancies as they occur. Qualified applicants are referred for further testing.

Applicants are scheduled for Physical Ability Testing which consists of a 300 Meter Run, maximum Push-Ups, one minute Sit-Ups and a 1.5 Mile Run/Walk. Minimum performance levels for each test must be met as well as a minimum passing score for the entire test battery. On successful completion, the candidate is allowed into the written examination.

The written test evaluates basic knowledge in natural resources, regulations, basic boating, maps, judgment, observational and organizational skills. Studying the general information found in the hunting and fishing pamphlets will help applicants prepare for this test. Applicants with passing scores are moved to the second phase of testing.

The second phase of testing consists of the oral examination, fingerprinting, a pre-polygraph interview and psychological test batteries. This part of the process is conducted on one day in Olympia, WA. The Oral Exam consists of a writing exercise, pre-exposed scenario questions with an answer presented to a test panel, and impromptu scenario questions from a panel. Each portion is scored based on set criteria and an overall score is recorded.

The results of the written and oral examination are then combined and candidates are placed on a ranked register. The Enforcement Program uses this register to obtain candidate names for further testing. Candidates referred from the register complete the remainder of the process. This includes a complete background investigation, polygraph, psychological and medical examination, and a structured interview. The best qualified candidates are offered employment based on program needs and priorities.

## **NEW OFFICER TRAINING**

Once hired, officers must successfully complete the Basic Law Enforcement Academy (BLEA) and the Enforcement Program in-house training. In House training covers Departmental policies, regulations, forms, fish and wildlife identification and other areas of basic knowledge prior to beginning fieldwork.

On completion WDFW in-house training, new Fish and Wildlife Officers are assigned to the 11-week Field Training Program. Under the guidance of a Field Training Officer, they progress through a structured program designed to prepare and provide the new officer with the basic skills and knowledge needed to integrate classroom knowledge with field performance as a Fish and Wildlife Officer.

## **SALARY AND BENEFITS**

(as of August 2008)

Career advancement is based on a combination of longevity, training and job knowledge and performance.

Fish and Wildlife Officer 1 (entry level)	\$4214 - 5535 mo.
Fish and Wildlife Officer 2 (3-4 yrs and completion of Career Development Plan)	\$4653 - 6105 mo.
Fish and Wildlife Officer 3 (Master Instructor / large Vessel Operator (5 years+))	\$4888 - 6416 mo.

Additional promotional opportunities within the Enforcement Program include detective, Sergeant, Lieutenant, Captain, Assistant Chief and Chief.

Fish and Wildlife Officers, as employees of the State of Washington receive medical, dental, disability and life insurance coverage and are members of the Law Enforcement Officers and Firefighters Retirement system LEOFF 2 (effective August 2003).

## **HOW DO I APPLY?**

Potential applicants can obtain information from the Washington State Department of Personnel or the Department of Fish and Wildlife. Fish and Wildlife Officer position descriptions and requirements are available on the Department of Personnel web page, <http://wdfw.wa.gov/employment/index.htm>.

Interested persons should inquire about register openings in mid June and mid December. The Enforcement Program maintains a Fish and Wildlife Officer bulletin hotline - (360) 902-2932, during open register periods for interested person's to request an application packet. The complete application packet must be returned to the WDFW Personnel office by the deadline stated in the announcement. Numerous applications are rejected each open period because they are incomplete or are received after the register closing date.

Specific questions can be directed to the WDFW Enforcement Program c/o Lt. Crown (360) 902-2923, email [crownslc@dfw.wa.gov](mailto:crownslc@dfw.wa.gov) or to Margaret Gordon in the WDFW Human Resource Office at (360) 902-2209, e-mail [gordomgg@dfw.wa.gov](mailto:gordomgg@dfw.wa.gov).

The Department of Fish and Wildlife is an equal opportunity employer. We strive to create a working environment that includes and respects cultural, racial, ethnic, sexual orientation and gender identity diversity. Women, racial and ethnic minorities, persons with disabilities, persons over 40 years of age, disabled and Vietnam era veterans and people of all sexual orientations and gender identities, are encouraged to apply. Persons needing accommodation in the application process or this announcement in an alternative format may call (360) 902-2276 or the Telecommunications Device for the Deaf (360) 902-2207.



**STATE OF WASHINGTON  
DEPARTMENT OF FISH AND WILDLIFE  
ENFORCEMENT PROGRAM**



**INSTRUCTIONS TO THE FISH AND  
WILDLIFE OFFICER APPLICANT**

The information you provide in this Personal History and Background Questionnaire will be used in the investigation into your background to assist in determining your suitability for the position of Fish and Wildlife Officer. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. the completion of the form is mandatory;
2. all statements are subject to verification; deliberate inaccuracies or incomplete information or statements may bar or remove you from consideration for employment; and,
3. all time periods in your background must be accounted for.

It is to your advantage to respond openly and truthfully. A negative factor in your background is not in itself grounds for disqualification. It will be evaluated in terms of the circumstances and facts, and its degree of relevance to the responsibilities of a Fish and Wildlife Officer. The investigator will inquire into the facts surrounding such an occurrence and an evaluation will then be made of the relevance of these facts to the requirements of the position of Fish and Wildlife Officer. The following areas have previously caused problems for applicants and merit special attention:

1. If you did something five (5) times, do not indicate four (4) times, or some other number.
2. When asked if you have ever used marijuana, cocaine or other illicit drugs, do not say "No," rationalizing that you only tried it once, didn't do it often, used only a small amount, or that it had no affect on you.
3. When asked if you have ever stolen anything, do not reply "No" rationalizing that you just borrowed it and will return it, the item had no value, it was common practice among coworkers, it was unintentional or the person didn't really care that you took it.
4. When asked to write down all your jobs within the past seven (7) years do not omit any, rationalizing it was only part time, you didn't work there that long, the employer wouldn't give you a good recommendation, or that it is not related to this job.

**Please print clearly in ink or type your responses** to this questionnaire. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, use a separate sheet of paper and identify the additional information by question number.

**WASHINGTON STATE  
DEPARTMENT OF FISH AND WILDLIFE  
PERSONAL HISTORY AND BACKGROUND QUESTIONNAIRE**

**FISH AND WILDLIFE OFFICER APPLICANTS:**

**WITH YOUR APPLICATION YOU MUST SUBMIT COPIES EACH OF THE  
FOLLOWING:**

- (1) YOUR BIRTH CERTIFICATE;**
- (2) MILITARY DISCHARGE CERTIFICATE OF REPORT OF SEPARATION (FORM DD214), IF YOU WERE IN THE MILITARY;**
- (3) SOCIAL SECURITY CARD;**
- (4) DRIVER'S LICENSE;**
- (5) ANY COLLEGE DEGREE YOU MAY HAVE ATTAINED;**
- (6) ABSTRACT DRIVING RECORD (MAY BE OBTAINED FROM DEPT. OF LICENSING OR DEPT. OF MOTOR VEHICLES);**

**AND**

- (7) A SEALED OFFICIAL COLLEGE TRANSCRIPT(S)**

**PERSONAL**

1. FIRST NAME	MIDDLE	LAST	2. SOCIAL SECURITY NUMBER
3. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (To include prior marriage/maiden or nicknames)			
4. MAILING ADDRESS		5. RESIDENCE ADDRESS (only if different)	
STREET OR POST OFFICE BOX NUMBER		STREET NUMBER	
CITY		CITY	
STATE ZIP CODE		STATE ZIP CODE	
AREA CODE HOME PHONE# HOURS OF CONTACT		AREA CODE HOME PHONE# HOURS OF CONTACT	

6. U.S. CITIZENSHIP IS REQUIRED FOR FISH AND WILDLIFE OFFICER POSITIONS. ARE YOU A U.S. CITIZEN? (ONLY APPLICANTS FOR FISH AND WILDLIFE OFFICER NEED TO RESPOND.)

☐ **YES**

☐ **NO**

7. BIRTH DATE: MONTH DAY YEAR	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
----------------------------------	--------	--------	------------	-----------

8. DISTINGUISHING MARKS (tattoos, etc)

---

---

---

LIST AS REFERENCES FIVE (5) INDIVIDUALS WHO HAVE KNOWLEDGE OF YOU AND YOUR PERSONAL QUALIFICATIONS. **DO NOT LIST: RELATIVES, FORMER/PRESENT EMPLOYERS, OR SCHOOL TEACHERS.**

#### 9. REFERENCES

NAME AND OCCUPATION	ADDRESS WHERE PERSON CAN BE CONTACTED (Include City, State and Zip Code)	TELEPHONE
A.		Home ( )
		Work ( )
B.		Home ( )
		Work ( )
C.		Home ( )
		Work ( )
D.		Home ( )
		Work ( )
E.		Home ( )
		Work ( )

#### 10. SPOUSE(S)

A. Present Spouse		Home ( )
		Work ( )
B. Former Spouse		Home ( )
		Work ( )
C. Former Spouse		Home ( )
		Work ( )
D. Former Spouse		Home ( )
		Work ( )

#### 11. CHILDREN

List all natural and adopted children. List their address and telephone number if they do not live with you.

A.	SEX/AGE M F		Home ( )
			Work ( )
B.	M F		Home ( )
			Work ( )
C.	M F		Home ( )
			Work ( )
D.	M F		Home ( )
			Work ( )
E.	M F		Home ( )
			Work ( )
F.	M F		Home ( )
			Work ( )

12. RESIDENCES (if needed, list additional residences on a separate sheet of paper)

List all residences during the last 7 years beginning with your current residence. If you resided with anyone other than a relative or spouse at ny location, circle that address and furnish their name(s), current address and telephone number in Box "G."

ADDRESS	CITY, STATE & ZIP CODE	DATES (mo/yr)		IF RENTED, GIVE NAME & ADDRESS OF PERSON RESPONSIBLE FOR THE COLLECTION OF RENT
		FROM	TO	
A.				
B.				
C.				
D.				
E.				
F.				
G.				

## EDUCATION

NAME/ADDRESS OF SCHOOL	Dates		NAME/DESCRIPTION OF COURSE PURSUED	GRADUATE		NO. OF UNITS	DEGREE, DIPLOMA, OR CERTIFICATE
	From MO/YR	To MO/YR		YES	NO		
HIGH SCHOOL							
HIGH SCHOOL							
GED FROM							
COLLEGES/UNIVERSITIES							
COLLEGES/UNIVERSITIES							
COLLEGES/UNIVERSITIES							
GRADUATE SCHOOL							
MISC. PROFESSIONAL, TRADE, VOCATIONAL, OR BUSINESS SCHOOL							

13. Were you ever dismissed or suspended from any school?

☐ Yes ☐ No

If yes, explain below:

SCHOOL	DATE	REASON/TYPE OF ACTION TAKEN



## EMPLOYMENT AND EXPERIENCE

14. List certificates of professional or vocational competence, licenses (real estate, teaching credentials, etc.), and membership in professional associations.

---

---

---

---

15. Have you been on any ride-a-longs with any Fish and Wildlife Officers? ☐ Yes ☐ No  
If yes, please include agency, officer's name, and date(s) and explain circumstances:

---

---

---

---

16. Have you ever filed for and/or received unemployment compensation? ☐ Yes ☐ No  
If yes, indicate the dates for each period and the details (city, state, former employer, were you laid off, etc.):

---

---

---

---

17. Have you had any extended work absences for reasons other than medical or earned vacations? ☐ Yes ☐ No  
If yes, please explain circumstances:

---

---

---

---

18. Have you ever been reprimanded (oral or written) at any place of employment? ☐ Yes ☐ No  
If yes, give the name of the employer(s), dates(s), and explain circumstances:

---

---

---

---

19. Have you ever been dismissed during the probationary period from any employment? ☐ Yes ☐ No  
If yes, please explain circumstances:

---

---

---

---

20. Have you ever been suspended or discharged from any employment? ☐ Yes ☐ No  
If yes, give the name of employer(s), dates(s), and explain circumstances:

---

---

---

---

21. Have you ever had to resign any position or employment under pressure or unfavorable Circumstances? ☐ Yes ☐ No  
If yes, please explain circumstances:

---

---

---

---

22. Have you ever applied for any law enforcement position with a city, county, state, special district, regional or federal government agency? ☐ Yes ☐ No  
(This includes only completing and submitting an application). If yes, list below:

AGENCY/ADDRESS/PHONE	POSITION/CLASSIFICATION	DATE (mo/yr)
EXPLAIN CURRENT STATUS		
EXPLAIN CURRENT STATUS		
EXPLAIN CURRENT STATUS		
EXPLAIN CURRENT STATUS		
EXPLAIN CURRENT STATUS		
EXPLAIN CURRENT STATUS		
EXPLAIN CURRENT STATUS		
EXPLAIN CURRENT STATUS		

23. Beginning with your most current employment, list all jobs (part-time, temporary, voluntary) you have held in the past seven (7) years. Using a separate box for each, indicate any periods of military service or unemployment, in sequence.

PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER	
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
TITLE			ADDRESS (include City, State, and Zip Code)	
SALARY				
DUTIES			SUPERVISOR(S)	
			CO-WORKER(S)	
			REASON FOR LEAVING:	

PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER	
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
TITLE			ADDRESS (include City, State, and Zip Code)	
SALARY				
DUTIES			SUPERVISOR(S)	
			CO-WORKER(S)	
			REASON FOR LEAVING:	

PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER	
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
TITLE			ADDRESS (include City, State, and Zip Code)	
SALARY				
DUTIES			SUPERVISOR(S)	
			CO-WORKER(S)	
			REASON FOR LEAVING:	

PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER	
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
TITLE			ADDRESS (include City, State, and Zip Code)	
SALARY				
DUTIES			SUPERVISOR(S)	
			CO-WORKER(S)	
			REASON FOR LEAVING:	

PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER	
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
TITLE			ADDRESS (include City, State, and Zip Code)	
SALARY				
DUTIES			SUPERVISOR(S)	
			CO-WORKER(S)	
			REASON FOR LEAVING:	

PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER	
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
TITLE			ADDRESS (include City, State, and Zip Code)	
SALARY				
DUTIES			SUPERVISOR(S)	
			CO-WORKER(S)	
			REASON FOR LEAVING:	

PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER	
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
TITLE			ADDRESS (include City, State, and Zip Code)	
SALARY				
DUTIES			SUPERVISOR(S)	
			CO-WORKER(S)	
			REASON FOR LEAVING:	

PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER	
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
TITLE			ADDRESS (include City, State, and Zip Code)	
SALARY				
DUTIES			SUPERVISOR(S)	
			CO-WORKER(S)	
			REASON FOR LEAVING:	

PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER	
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
TITLE			ADDRESS (include City, State, and Zip Code)	
SALARY				
DUTIES			SUPERVISOR(S)	
			CO-WORKER(S)	
			REASON FOR LEAVING:	

<b>MILITARY SERVICE</b>
-------------------------

24. Have you ever served in the Armed Forces, National Guard, or Military Reserves? If yes complete below:

Date of Service / TO /	Branch	Service Number	Type of Discharge
---------------------------	--------	----------------	-------------------

Please indicate military installations where assigned, major adjacent cities, immediate supervisor(s), phone numbers (if known), and dates assigned. Example: Vandenburg AFB, CA: Lompoc, CA, Santa Barbara, CA: SSGT. J. Jones, SSGT, A. Able: 902/123-4567/: Jan 85-Dec 89.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

25. Are you currently participating in any military reserve or National Guard Program? ☐ Yes ☐ No

Branch	Service Number	Organization Designation/Name
--------	----------------	-------------------------------

26. Have you ever been the subject of any military judicial or non-judicial disciplinary action ☐ Yes ☐ No  
If yes, give details (branch of service, when, where, and circumstances).

---

---

---

---

---

---

27. Past and current commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. List those individuals who know you well enough to provide accurate information about you.

NAME (rank/rate/title)	ADDRESS	TELEPHONE
		Home ( )
		Work ( )
		Home ( )
		Work ( )

## LEGAL

28. Have you ever been investigated, cited, or convicted of a fish/wildlife violation?

☐ Yes ☐ No

If yes, give details (Include when, where, name and location of court, circumstances).

---

---

---

---

29. Are you now or have you ever been involved as a plaintiff, defendant, petitioner or respondent, in any civil court action? If yes, give details (include when, where, name and location of court, circumstances).

☐ Yes ☐ No

---

---

---

---

30. Have you or any member of your immediate family ever engaged in or been investigated for domestic violence, including any domestic violence related arrests, suspended sentences or convictions?

☐ Yes ☐ No

If yes, give details (include when, where, name and location of court, circumstances).

---

---

---

---

31. Have you or any member of your immediate family ever been involved in a diversion program or a protection/no contact order relating to elder abuse, child abuse, sexual assault, stalking or domestic violence? If yes, give details (include when, where, name and location of court, circumstances).

☐ Yes ☐ No

---

---

---

---

32. Have you ever been placed on court probation as an adult?

☐ Yes ☐ No

If yes, give details (include when, where, name and location of court, circumstances).

---

---

---

---

33. Have you ever been questioned, investigated, detained, or arrested as a suspect or witness?

☐ Yes ☐ No

If yes, complete the following: include all incidents, whether experienced as an adult or a juvenile.

DATE	LOCATION (city and state)	ORIGINAL CHARGE (If any)	FINAL CHARGE (If amended or reduced)	DISPOSITION (dismissed, not guilty, amount of fine and/or length and dates of confinement and/or probation)

34. Have you ever applied for and been issued or been denied, a gun permit, private security?

☐ Yes ☐ No

guard's license, etc.? If yes, list them, the date(s) of application, the agency issuing and the date of issuance/reason for denial.

---

---

---

---

**Definition of “used” includes any intentional or unintentional trying, testing or experimenting which includes, but is not limited to, tasting, smoking, injecting, absorbing, sniffing or inhaling.**

35. Have ever during your entire lifetime, used, tried, experimented, or in any way ingested into your body any of the following substances?

	NO	YES	DATE FIRST USED	DATE LAST USED	APPROXIMATE NUMBER OF TIME USED	AVERAGE FREQUENCY OF USE
Marijuana						
Hashish/Hash oil						
Cocaine						
Crack						
Ecstasy						
PCP (Angel Dust)						
Barbiturates or any other “Downers”						
Amphetamines “Uppers”						
Methamphetamine (meth, speed, crank)						
LSD or other hallucinogen including mushrooms						
Used a pharmaceutical drug prescribed for another person						

36. If you answer yes to any question below, use a separate sheet of paper and please explain:

- A. Name any other illegal drug, narcotic, or controlled substance not listed that you have ingested: \_\_\_\_\_
- B. Have you or anyone else ever injected an illegal drug into your body? ☐ Yes ☐ No
- C. Have you ever sold any illegal drug? If so, what drug? \_\_\_\_\_ ☐ Yes ☐ No
- D. Have you ever purchased any drug, narcotic, or controlled substance other than by a prescription? ☐ Yes ☐ No
- E. Have you ever participated in the manufacture, cultivation, or production of any drug, narcotic, or controlled substance? ☐ Yes ☐ No
- F. Have you ever acted as a courier by transporting any illegal drug, narcotic, or controlled substance? ☐ Yes ☐ No
- G. Have you ever acted as a middleman, go-between, or “done a favor for a friend” by becoming involved in an illegal drug transaction? ☐ Yes ☐ No
- H. Have you ever “held” or temporarily stored any drug, narcotic, or controlled substance for yourself or anyone else? ☐ Yes ☐ No
- I. Do you have any illegal drugs presently in your home or car? ☐ Yes ☐ No
- J. Have you ever been present where marijuana or any controlled substances (amphetamines, speed, barbiturates, hallucinogenics, hashish, cocaine, opiates, etc.) were being illegally used? If yes, indicate date (month and year) and explain the circumstances surrounding each and every occasion. ☐ Yes ☐ No
- K. Would you have any reluctance to strictly enforce any and all laws regulating a controlled substance? ☐ Yes ☐ No



## MOTOR VEHICLE OPERATION

37. Driver's License No.	Endorsements	Expiration Date	Name Under Which License Was Granted	State Issuing
38. List other states where you have been licensed to operate a motor vehicle.				
STATE/DATE	NAME UNDER WHICH LICENSE WAS GRANTED/DRIVERS LICENSE #	STATE/DATE	NAME UNDER WHICH LICENSE WAS GRANTED	

39. Have you ever been refused a driver's license, had one revoked, suspended or denied? ☐ Yes ☐ No  
 If yes, in what state, by what agency, when and why?

---



---



---

40. List all vehicles registered to you or, if married, to you and/or your spouse.

LICENSE NUMBER	STATE	YEAR AND MAKE	LICENSE NUMBER	STATE	YEAR AND MAKE

41. Have you been involved as a driver in a motor vehicle accident within the last five (5) years? ☐ Yes ☐ No  
 If yes, give details for each:

DATE	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY <input type="checkbox"/> FATAL <input type="checkbox"/> PROP DAMAGE
POLICE INVESTIGATION? <input type="checkbox"/> Yes <input type="checkbox"/> No		DETAILS: CAUSING DRIVER <input type="checkbox"/> YOU <input type="checkbox"/> OTHER	
DATE	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY <input type="checkbox"/> FATAL <input type="checkbox"/> PROP DAMAGE
POLICE INVESTIGATION? <input type="checkbox"/> Yes <input type="checkbox"/> No		DETAILS: CAUSING DRIVER <input type="checkbox"/> YOU <input type="checkbox"/> OTHER	
DATE	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY <input type="checkbox"/> FATAL <input type="checkbox"/> PROP DAMAGE
POLICE INVESTIGATION? <input type="checkbox"/> Yes <input type="checkbox"/> No		DETAILS: CAUSING DRIVER <input type="checkbox"/> YOU <input type="checkbox"/> OTHER	
DATE	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY <input type="checkbox"/> FATAL <input type="checkbox"/> PROP DAMAGE
POLICE INVESTIGATION? <input type="checkbox"/> Yes <input type="checkbox"/> No		DETAILS: CAUSING DRIVER <input type="checkbox"/> YOU <input type="checkbox"/> OTHER	
DATE	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY <input type="checkbox"/> FATAL <input type="checkbox"/> PROP DAMAGE
POLICE INVESTIGATION? <input type="checkbox"/> Yes <input type="checkbox"/> No		DETAILS: CAUSING DRIVER <input type="checkbox"/> YOU <input type="checkbox"/> OTHER	

42. List all traffic infractions/citations (except parking violations) you have received within the last five (5) years. Department of Licensing has records for only three years (3), however, you must list all traffic infractions/citations regardless of the date received.			
NATURE OF VIOLATION	LOCATION (city)	APPROXIMATE DATE	INDICATE WHETHER FINED OR ACTION TAKEN ON DRIVER'S LICENSE

43. Washington law requires that operators of motor vehicles be able to prove ability to respond to damages after being involved in a collision. Proof may be automobile liability insurance or a bond or cash deposit with the Department of Licensing. Please indicate. <input type="checkbox"/> BOND <input type="checkbox"/> DEPOSIT			
INSURANCE COMPANY	ADDRESS WHERE PREMIUM PAID	POLICY NUMBER	EXPIRATION DATE

44. Have you ever been refused vehicle insurance for any reason other than failure to pay a premium?    ☐ Yes    ☐ No  
If yes, explain (include company name and address, date, and reason)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

45. Have you ever filed for or declared bankruptcy or filed for the wage earner's plan?    ☐ Yes    ☐ No  
If yes, what were the circumstances, where, when?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

46. Have you ever had any accounts turned over to a collection agency?    ☐ Yes    ☐ No  
If yes, when, why, the firm(s) involved?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

47. Have your ever had purchased goods repossessed? If yes, when, firm(s) involved, circumstances?    ☐ Yes    ☐ No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

48. Have your wages ever been garnished? If yes, when, where, why and by whom?    ☐ Yes    ☐ No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

49. Have you ever been delinquent on income or other tax payments? If yes, where, why?    ☐ Yes    ☐ No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **FINANCIAL – FISH AND WILDLIFE ENFORCEMENT OFFICER APPLICANTS ONLY**

50. The character of Fish and Wildlife Enforcement Officers today is continually being challenged because public scrutiny is particularly intense for uniformed personnel. Applicants seeking employment as a Washington State Department of Fish and Wildlife Officer must possess exemplary background and personal history. The management of personal finances is relevant to an applicant's qualifications. The amount of indebtedness in itself will not be used in evaluating your qualifications, but the behavior exhibited in meeting your financial obligations will.

CURRENT MONTHLY INCOME		CURRENT MONTHLY EXPENDITURES	
Monthly Salary.....	\$	Real Estate (mortgage) Payment(s).....	\$
Spouse's Salary .....		Rent .....	
Other Monthly Income – Describe:		Other Monthly Payments – Describe:	
TOTAL MONTHLY INCOME		Estimated monthly cost of living (utilities, gasoline, home and car maintenance, entertainment, etc.) and any other obligations .....	
		TOTAL MONTHLY EXPENDITURES	
	\$		\$
CURRENT ASSETS		CURRENT LIABILITIES	
Savings .....	\$	Real Estate Indebtedness .....	\$
		Long-term Loans.....	
		Charge Accounts .....	
		Other Liabilities:	
Checking .....			
Real Estate .....			
Stocks and Bonds .....			
Life Insurance (cash value of whole life policy) .....			
Autos .....			
Other Assets:			
TOTAL ASSETS		TOTAL LIABILITIES	
	\$		\$

51. Financial liability. List all financial liabilities, including contracts, home mortgage, alimony or child support, medical, open charge accounts and credit cards, involving you and your spouse. Prior credit or closed accounts shall be listed. You must list all current and prior debts.

NAME OF CREDITOR/COMPLETE ADDRESS (list additional creditors on a separate sheet of paper)	ACCOUNT NUMBER	MONTH/YEAR INCURRED	MONTHLY PAYMENT	PRESENT BAL- ANCE OWED
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				
NAME: ADDRESS: TELEPHONE NO.:				



Do you have any knowledge or information, in addition to that specifically called for in the preceding questions, which is or which may be relevant, directly or indirectly, in connection with an investigation or your eligibility or fitness for the position which you are seeking, including, but not limited to, knowledge or information concerning your character, temperance, habits, employment, education, subversive activities, family, associations, criminal record, traffic violations, residence or otherwise?

☐ Yes      ☐ No

If yes, give details:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**CERTIFICATE OF APPLICANT - Read Carefully Before Signing.**

I hereby certify, that all statements in this application are true, and I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to any employment with the Washington State Department of Fish and Wildlife. I understand that the information obtained during this process will not be released to me. This form is the property of the Washington State Department of Fish and Wildlife.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **A WORD ABOUT THE POLYGRAPH TEST**

Many people facing the prospect of taking a polygraph examination are filled with apprehension and uncertainty about the questions to be asked during this examination. In an effort to lessen any anxiety you may be experiencing concerning this test, allow us to explain what is involved in this particular examination.

The Washington State Department of Fish and Wildlife is comprised of a highly trained and trusted group of employees. During the course of their employment they routinely come in contact with both information of a very confidential nature and with cases and evidence which could place them in a potentially compromising position.

Our Department's pre-employment background investigation process is designed to assist us in the hiring of prospective Department members who will adhere to and uphold all laws and serve the public in an ethical, courteous, impartial, and professional manner while respecting the rights and dignity of all persons. As the law enforcement agency, the Washington Department of Fish and Wildlife strives to maintain officer safety and provide a safe, confidential working environment for all employees.

The polygraph test has been an effective tool to assist our agency in the screening of prospective employment candidates. The test, comprised of 10-15 questions, is used as an aid in verifying the responses given to an 86-question pretest questionnaire concerning the following issues: driving, employment history, military service, education, abuse of alcohol or drugs, sex crimes, and honesty. In no way are these questions intended to embarrass the prospective employee or go into areas not directly relevant to employment with the Washington State Department of Fish and Wildlife.

Prior to the administration of the polygraph, a review will be made with you of the specific questions to be asked. At the conclusion of the examination, the results will be reviewed with you, and you will be provided an opportunity to explain any answers which indicates a deceptive response.

We are attempting to identify those individuals who possess those qualities which will most likely ensure their success with our agency.